DEPARTMENT OF HEALTH AND FAMILY SERVICESDivision of Health Care Financing

HCF 1068H (Rev. 09/01)

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STATE OF WISCONSIN_ Check

GENERAL PEDIATRIC CLINIC / 18 MONTH VISIT (See 2nd page for 18-Month Anticipatory Guidance)

Completion of this form is voluntary. Patient Name	Date o		1	Age	Height	Weight	Today's	Date	e	
Accompanied by						Head Circumference				
Parental Concerns	Ada	ntahilit	to ove	.m						
Parental Concerns		Adaptability to exam								
	Activity									
	Dist	Distractibility								
General Health	Wor	Words Spoken								
		(Cross off parts not examined or not applicable)								
	Part	Skin: Color, texture, hair, scalp						N	Abn	
General Behavior		Head & Face: Symmetry, AF size cms								
General Benavior	Eyes	Eyes: Pupils, conjunctivae, EOM, red reflex								
	Ears & Nose: Canals, tympanic membranes, turbinates						ates			
		Nose: Discharge Mouth: Gums, tongue, number of teeth ()								
		Nodes: Cervical, inguinal								
Peer Interactions	Lung	Lungs								
		Heart: Rhythm, S1, S2, murmur								
		bdomen: Contour, masses, hernia enitalia: Vaginal opening, testes () ()								
					on, stance)				
Eating Habits: Diet, behavior at meals		Neuromuscular: Tone, strength, equilibrium								
			tion, gai	t, DTRs al findin	20					
	Desi	cribe a	IDITIOTITIC	ai iiiiuiii	ys.					
Parents' Description of Child's Temperament	Dev o	elopme O.	ental Ob NO*	servatio		lot Observed rs R. = Repo			ved	
				G.M.	Walks ba					
Problems Identified and Reviewed						steps withou				
						steps with help all forward				
						ball overhea	ad			
				P.M.		with a penci				
	<u> </u>					tower of two				
				Lang.		sinale words		ama	& Dada	
Physical and Emotional Status					Combine	s two differe	nt words tog	ethe	er	
						ne picture	ohlo			
	<u> </u>					under the to on the floor				
Diet: Snacks, pickiness, independent feeding					1	by to the mo				
				P.S.	Removes	own clothin	g			
Anticipatory Guidance: Discipline, limit setting, obedience,	$\dashv \vdash \!$					imple house on with spilli				
temper tantrums, toilet training, peer activities.						d by touching				
Safety: Climbing, stove, water, poisons, plants, street, need for					Comforte	d by parent's	s voice			
supervision, car seats, lead exposure.	Pare	nts' In	teractio	ne with	Will not g	o to stranger = Not Obser	'S ved Here			
	O.	NO*				M = Mother				
Immunization Drug Co. & Lot. No. Expiration Date	┦	Gives simple, short directions / explanations							S	
DTaP	\exists	Voice calm when talking to child Reinforces behavior through approv						& att	tention	
IPV						tivity with so			CONTROL	
Varicella	ᆜ [lgr	nores tempe	r tantrum				
						per tantrum p				
			Interrupts temper tantrum vocally							
	Othe	Calmly holds to quiet Other Observations								
SIGNATURE – Provider Date Signed	-	. 5.550		-						
· ·	Deve	elopme	ent and	Parent-0	Child Intera	ctions				
Return to clinic in months.										

Diet

Since most toddlers eat small meals, nutritious snacks such as cheese cubes, fruits, graham crackers, juices or milk can be given with the child seated. Pickiness – see "15 Month" health supervision.

Independent Feeding

Most 18 month olds object to being fed unless there is much attention related to the process. Self-feeding can be accomplished, albeit with some mess. The child will usually eat enough for growth and not get fat.

Anticipatory Guidance

Discipline, limit setting and obedience are gone over as in previous visits. Reinforce the parent's efforts to do these.

Toilet Training

Many girls have been or will soon be trained. Warn parents not to remove the night diaper too soon. Although the child may have been dry for many nights, illnesses, minor upsets, changes in environment and weather can cause temporary setbacks. Wet beds cause child/parent annoyance and/or anger, which can lead to a major behavioral problem. Boys can be evaluated for readiness. Regularity of bowel movements helps in knowing when to put the child on the toilet. It is important to stress that a child who is not showing any interest or balking at attempts to train, should not be forced to conform. The average age for boys to be trained during the day in the United States is 2 ½ years.

Peer Activities

See "15 Month" health supervision.

Safety

The hazards of the street should be reviewed, see "15 Month" health supervision. Continue to use car seats every time the child is in the car. The child should never be left alone in the car as they can probably get out of the seat and play with the driving equipment. It may also help to raise the child's car seat so that they can look out of the window, being sure that adequate neck support is provided. The child is not safe in the bathtub alone for more than a few seconds and certainly not safe near any open water area even if they do know how to swim. The child's motor coordination is adept enough to turn on the hot water and the parents should check the water temperature again. It should be below 120° F. Climbing is an activity many children enjoy. Encourage and teach the child to climb safely, using jungle gyms but discourage from climbing on to chairs, tables, bookshelves, stoves, etc. Plants and poisons, see "15 Month" health supervision.

Need for Supervision

An 18-month-old cannot be left alone to play in a yard with access to the street, where potentially poisonous plants grow, or where there are filled pools. They may be able to play alone in their room or family room which has been set up as "child proofed" or outside where there is a fence and no dangerous plants. Parents should be within hearing distance of any child left alone.